M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03228

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH — COUNTY: Queen Annie — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wye Mills — LENGTH OF STAY (In this place): all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wye Mills
STREET ADDRESS (If rural, give location): Queenstown Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) BURKE

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: ? ? 1871
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand
11. BIRTHPLACE (State or foreign country): no. Wye Mills. T.A.Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Burke
14. MOTHER'S MAIDEN NAME: Rachael Hewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Lillian Single Wilson, 413 N Eden St Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Acute Congestive Cardiac failure Rt & Lf — 3 weeks

Antecedent cause(s) Hypertensive Cardiac Vascular Disease — 1 year

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years

(c) far advanced

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. RV Hemoplegia — 9 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

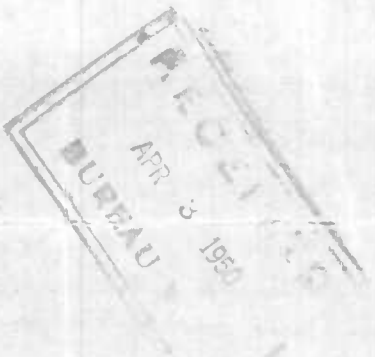
22. I hereby certify that I attended the deceased from March 26, 1950, to March 27, 1950, that I last saw the deceased alive on March 26, 1950, and that death occurred at 11 15 P m., from the causes and on the date stated above.

SIGNATURE: C. R. Layton (Degree or title) MD — ADDRESS: Centreville, Md — DATE SIGNED: 3-30-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 31-1950 — NAME OF CEMETERY ~~OR CREMATORY~~: Carmichael Colored Church — LOCATION (City, town, or county): Carmichael T.A.Co. (State): Md

DATE REC'D BY LOCAL REG.: Mar. 31-1950 — REGISTRAR'S SIGNATURE: H. M. Aldridge — 24. FUNERAL DIRECTOR: Barton Bros, Centreville Md — ADDRESS:

866W


APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03229

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Centreville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: near Ruthsburg

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MORRIS (Last) CANNON

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Widowed	? 1875	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Private Home By the day	Queen Annes Co Maryland	U.S.A.

13. FATHER'S NAME: George Morris

14. MOTHER'S MAIDEN NAME: Mary Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Fannie Jackson, Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444 Immediate cause (a) Chronic Valvular disease of the heart

Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-10, 19 49, to 3-15, 19 50 that I last saw the deceased alive on 3-16, 19 50, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. McPherson	M.D.	Centreville Md	3-21-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 22-50	Braunsville	near Centreville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-22-50	Elsie Armstrong	Barton Bros	Centreville Md.

52066

RECEIVED
MAR 30 1950
BUREAU OF

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

03230

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jas. (Middle) Austin (Last) Cooper Jr

4. DATE OF DEATH (Month) Mch (Day) 15 (Year) 1950

5. SEX male

6. COLOR OR RACE Col

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH July 8-1949

9. AGE last birthday 8 mos. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) near Centreville Md

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Jas. Austin Cooper

14. MOTHER'S MAIDEN NAME Elmira Louise Cheers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT Same (mother) Centreville, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

490X Immediate cause (a) Lobar Pneumonia — 3 days.

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Case Eczema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med Exam ADDRESS Centreville Md Q.A. Co. Md DATE SIGNED 3/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF March 16-50

NAME OF CEMETERY OR ~~CREMATORY~~ Bryan's Church

LOCATION (City, town, or county) (State) Grasonville Md

DATE REC'D BY LOCAL REG. 3-16-50

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville, Md

4-0-7-08-9-18-3-40-V

RECEIVED
MAR 30 1950
BUREAU

03231

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester (Rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) Cambridge

3. NAME OF DECEASED (Type or Print) (First) Dorsey (Middle) (Last) Fletcher

4. DATE OF DEATH (Month) March (Day) 14th (Year) 1950

5. SEX Male | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) Married | 8. DATE OF BIRTH About 1892 | 9. AGE last birthday 57 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick mason & oyster shucker | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Cambridge Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Fletcher | 14. MOTHER'S MAIDEN NAME Mary Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Elizl Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Nephro-sclerosis	Several years
446X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia (acute)	March 11. 1950
131a	(c) Arteriosclerosis (Hypertension)	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1950, to March 13, 1950, that I last saw the deceased alive on March 13, 1950, and that death occurred at 5 45 A.m., from the causes and on the date stated above.

SIGNATURE Theodor Tuttelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED March 14. 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF Mar 18-50 | NAME OF CEMETERY OR CREMATORY Bethel Cemetary | LOCATION (City, town, or county) Dorchester Co (State) Md

DATE REC'D BY LOCAL REG. Mar. 14, 1950 | REGISTRAR'S SIGNATURE Elizabeth Hopter | 24. FUNERAL DIRECTOR Lewis H Bayman ADDRESS Cambridge Md.

306V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03232

CERTIFICATE OF DEATH

Reg. Dist. No. 264

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Queen Anne; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Queenstown; LENGTH OF STAY (in this place): 14 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Queenstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	James	Grant	March	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	Nov 14, 1890	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman - Farm	Farm	Athelstan Canada	Canada

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William McIntosh Grant	Mary Ann Statt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mildred Grant, Queenstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Pancreas	6 mos.
157X Antecedent cause(s)		
469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct. 12, 1949	Carcinoma of Pancreas with Metastasis to Liver	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 19 49, to Mar., 19 50, that I last saw the deceased alive on Mar 11, 19 50, and that death occurred at 1:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William C. Lowe MD	Queenstown, Md.	3-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	March 15-50	Memorial Park	Salisbury Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 13-1950	Helen M. Aldridge	Barton Bros Funeral Home	

RECEIVED
MAR 20 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03233

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Qa — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldy, Md — STATE MARYLAND — LENGTH OF STAY (in this place) all life — HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baldy — COUNTY Qa — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldy Rural, Md — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	L	Huggins	July	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	widowed	July 14, 1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	Md.	U.S.a

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Huggins	Purrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Benj. Huggins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Acute Cardiac Dilation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 93d	(b) Chronic Myocarditis	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	Hd	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
—	—	—	m.		—

22. I hereby certify that I attended the deceased from July, 1948, to July 22, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sudlersville, Md. DATE SIGNED 3/25/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	March 25	Sudlersville	Sudlersville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 25	Edgar L. Land	Edgar L. Land	Church Hill

RECEIVED
APR 3 1950
BUREAU

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03234

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH· COUNTY: Q. A. C. — MARYLAND: Md	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Md — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sudlersville, Rural — LENGTH OF STAY (in this place): 49 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sudlersville Md Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No	STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print)	(First) Elizabeth	(Middle) Porter	(Last) LEE	4. DATE OF DEATH	(Month) July (Day) 30 (Year) 1950
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Aug 28, 1865	9. AGE last birthday: 84 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Porter		14. MOTHER'S MAIDEN NAME: Hurd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Preston LEE - Sudlersville			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute dilatation of Heart

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1935, to July 30, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C H Whitcomb	M.D.	Sudlersville Md	4/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 4-2-50	NAME OF CEMETERY OR CREMATORY: Sudlersville	LOCATION (City, town, or county) (State): Sudlersville Md
DATE REC'D BY LOCAL REG.: 4-1-50	REGISTRAR'S SIGNATURE: Edgar L. Lane	24. FUNERAL DIRECTOR: Edgar L. Lane	ADDRESS: Church Hill

52086

RECEIVED
APR 5 1950
BUREAU V. O.

03235

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH· COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE MARYLAND COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM	(Middle) N.	(Last) POWELL	4. DATE OF DEATH (Month) March	(Day) 27	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Aug 20-1866	9. AGE last birthday 83 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Owner Farm	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John W. Powell		14. MOTHER'S MAIDEN NAME Susan Walls			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs Dora Powell - Church Hill			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
481 X Immediate cause	(a) Uremia	1 week
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Acute upper respiratory infection (probably influenza)	1 week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility and arteriosclerotic cardiovascular disease	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26, 1950, to 3-27, 1950, that I last saw the deceased alive on 3-27, 1950, and that death occurred at 9.00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Tut Farr	MD	Chestertown, Md.	3-30-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE March 30	NAME OF CEMETERY OR CREMATORY Chester	LOCATION (City, town, or county) Chestertown	(State) Md.
DATE REC'D BY LOCAL REG. March 30	REGISTRAR'S SIGNATURE Edgar L. Lane	24. FUNERAL DIRECTOR Edgar L. Lane	ADDRESS Church Hill	

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

03236

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg | LENGTH OF STAY (In this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
STREET ADDRESS (If rural, give location) Rural, Queen Anne

3. NAME OF DECEASED (Type or Print): (First) Winchester (Middle) (Last) Smith
4. DATE OF DEATH (Month) March (Day) 19. (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH: ~~December~~ 1877
9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY: mercantile
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elijah Smith
14. MOTHER'S MAIDEN NAME: Eliza Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs John Taylor - Holyoke Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
983 X Immediate cause	(a) Fractured Skull	
168 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) This man was murdered -	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, ~~farm, factory, street,~~ OF ~~office bldg., etc.~~) INJURY (CITY OR TOWN) Williamsburg (COUNTY) Queen Anne (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) March 19-1950 8 P.M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Struck on head with axe - robbery.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Henry Fisher M.D Deputy Med Exam 2-A-Co Md. Centreville Md 3/22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF March 23-50 | NAME OF CEMETERY OR CREMATORY Evenmount | LOCATION (City, town, or county) (State) Hillsboro Caroline Co Md
DATE REC'D BY LOCAL REG. 3-22-50 | REGISTRAR'S SIGNATURE Clare Armstrong | 24. FUNERAL DIRECTOR ADDRESS Barton Bros. Centreville, Maryland

15679

VS. A15A

RECEIVED
MAR 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03237

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) E (Last) Tolson

4. DATE OF DEATH (Month) Mar. (Day) 8 (Year) 1950

5. SEX Male

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan 27-1869

9. AGE last birthday 81 yrs. If under 1 year: Months 1, Days 9; If under 24 hrs.: Hours, Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Stevensville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Tolson

14. MOTHER'S MAIDEN NAME Nancy Conyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS Viola Tolson, Stevensville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pleurisy

450.0 Antecedent cause(s)

110.6 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1950, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 1:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilhas E Snyder ADDRESS Stevensville Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Mar. 12, 1950

NAME OF CEMETERY OR CREMATORY Batch Neck Churchill

LOCATION (City, town, or county) Stevensville (State) Md.

DATE REC'D BY LOCAL REG. Mar. 11-1950

REGISTRAR'S SIGNATURE Elizabeth Hoster

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.